

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable

Box ISSUE FEE  
Assistant Commissioner for Patents  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

BROWDY AND NEIMARK  
419 SEVENTH STREET NW  
WASHINGTON DC 20004

HM42/1208

FEB 02 1999

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(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/915,736	08/21/97	016	CHANNAVAJJALA, L 1615	12/08/98
First Named Applicant HUTCHISON, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION CHOLINESTERASE INHIBITORS FOR TREATMENT OF PARKINSON'S DISEASE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 HUTCHINSON1A	514-297.000	M56	UTILITY	YES	\$605.00	03/08/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
- Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Browdy and Neimark

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NEW YORK UNIVERSITY

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

New York, New York

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

2/2/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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02/08/1999 AIRMAIL 00000097 08915736

01 FC:242  
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